

Brian Sandoval, Governor



Farolyn McSweeney, O.M.D., *President*  
Olivia Rhee, O.M.D., *Member*  
Seung Park, O.M.D., *Member*  
Fely Quitevis., *Member*

## STATE OF NEVADA BOARD OF ORIENTAL MEDICINE

Dear Applicant:

Thank you for your expressed interest in obtaining licensure in the State of Nevada under the jurisdiction of the Board of Oriental Medicine. The following are instructions to help you in completing your application; please read through them carefully. Incomplete applications will not be processed.

**\*Please visit our website at [http://oriental\\_medicine.state.nv.us](http://oriental_medicine.state.nv.us) and read through to familiarize yourself with our regulations before completing your application to make sure that you comply with our licensure requirements.**

1. Read the entire application before writing a single answer. By familiarizing yourself with the questions and the paperwork you can better organize your time and provide more complete answers. Please complete all pages of the application.
2. Write legibly. If the application is illegible it will not be processed in a timely manner.
3. Contact your school/training program for transcripts and have them send the paperwork, sealed and certified, directly to our board office. There might be a fee for these documents. Please call ahead and inquire what the fee will be and attach it along with your request for the transcripts. Any transcripts or translation fees will be an additional cost incurred by you.
4. Copies of National score reports, which show results from the tests of Acupuncture and Chinese Herbology from the National Organization NCCAOM, must be sent directly to the board office from NCCAOM sealed and certified.
5. Copies of degree(s) from an accredited college or university in the United States, if applying pursuant to NRS 634A.140(1), must be sent directly to the board office from the institution sealed and certified. **OR** if applying pursuant to NRS 634A.140(2) evidence to prove you have lawfully practiced Oriental medicine in another state or foreign country for at least 4 years must be sent directly to the board office from the issuing agency sealed and certified. The requirement is EITHER a bachelors degree OR previous licensure for at least 4 years, NOT BOTH.
6. Obtain and submit with your application any documents that are relevant to the applicant's background and personal history for the Board's investigation (i.e. judgment of conviction, satisfaction of judgment, or order resolving disciplinary action in another jurisdiction).

7. Verification of licensure or membership in professional societies, if applicable, should be sent directly to the board from the institution sealed and certified. There may be a fee for these documents, please call ahead and inquire what those fees might be.
8. Pages 12, 13 and 15 of the application must be notarized. The release and declaration statements must be submitted to the board's office as part of the completed application.
9. Page 16: Any person can attest to your good character and moral behavior because they have worked with you or belong to the same personal or professional organizations. It cannot be your married spouse, a relative by marriage, or a blood relative. Provide at least one attestation and send with your application packet.
10. Attach a money order, cashiers check or personal check in the amount of One Thousand dollars (\$1,000.00) made payable to the **Nevada State Board of Oriental Medicine** for the application fee. This fee is for the processing of your application only. If you do not submit a fee of \$1,000.00 with your application to the Board your application will not be accepted or processed.
11. Fingerprints: Once you have submitted your application to the Board. You will receive notification of your application received. Your fingerprints must be done by an authorized person at any authorized place authenticated by any local governments such as police departments, Sheriff's office or a medical facility. There is a \$37.50 fee for processing your fingerprint cards. You only need to submit one fingerprint card. The fee is paid to the **Department of Public Safety (DPS)** and must be in the form of a Cashiers Check. If any further investigations are needed the costs arising from extra investigations are the applicants responsibility. Fingerprint must be readable. If fingerprints are returned to the board they must be done again and additional fees may be required. Applications will not be completed without these documents.
12. The application process will take a minimum of six (6) months. State Board exams are given twice per year in June and December. The deadline to submit your application to the board is June 30 (for eligibility to take the December exam) or December 31 (for eligibility to take the June exam) each year. There are no exceptions or extensions for these deadline dates. The fee to take this State Board exam is \$1,000.00 (One Thousand Dollars). This fee is in addition to the application fee and is due upon approval to sit for the practical examination.

If you have further questions please contact the Board office at Tel: (702) 837-8921. Please leave a voice mail message. Email [execdirector\\_bom@yahoo.com](mailto:execdirector_bom@yahoo.com) To review the regulations and statutes listed above please visit, <http://www.leg.state.nv.us/nac/nac-634a.html> and <http://www.leg.state.nv.us/NRS/NRS-634A.html#NRS634A>

Sincerely,  
Farolyn McSweeney  
*President*

## **APPLICATION CHECKLIST**

### **All applicants must have:**

\_\_\_\_\_ Successfully completed an accredited 4 year program of study, or its equivalent, in Oriental medicine at a school or college of Oriental medicine which is approved by the board

\_\_\_\_\_ The program of study **MUST HAVE** included training or instruction in the subjects of:

- |                           |                              |
|---------------------------|------------------------------|
| _____ Acupuncture         | _____ Chemistry              |
| _____ Moxibustion         | _____ Biochemistry           |
| _____ Herbology           | _____ Anatomy                |
| _____ Oriental physiology | _____ Western physiology     |
| _____ Oriental pathology  | _____ Western pathology      |
| _____ Oriental diagnosis  | _____ Western diagnosis      |
| _____ Tuina               | _____ Pharmacology           |
| _____ Biology             | _____ Laboratory & Radiology |
| _____ Physics             |                              |

\_\_\_\_\_ The program of study required:

\_\_\_\_\_ At least 2,800 hours of instruction, including not less than 2,500 didactic hours, for graduates **before 11/25/02**;

**or**

\_\_\_\_\_ At least 3,000 hours of instruction, including not less than 2,500 didactic hours, for graduates **on or after 11/25/02**

\_\_\_\_\_ Certified copies of any diplomas, transcripts, licenses and certificates will be forwarded directly to the Board from the issuing entity.

\_\_\_\_\_ 1 Fingerprint Cards enclosed along with \$37.50 fee in the form of a cashiers check made payable to the **Department of Public Safety**.

\_\_\_\_\_ Evidence of passing examinations for acupuncture and Chinese herbology administered by a national organization approved by the board:

### **AND**

\_\_\_\_\_ I am submitting my application pursuant to NRS 634A.140 (1)

\_\_\_\_\_ Bachelor's degree from an accredited college or university in the U.S.

\_\_\_\_\_ Certified copies of any diplomas, transcripts, licenses and certificates will be forwarded directly to the Board from the issuing entity.

### **OR**

\_\_\_\_\_ I am submitting my application pursuant to NRS 634A.140(2)

\_\_\_\_\_ Lawfully practiced Oriental medicine in another state or foreign country for at least 4 years.

\_\_\_\_\_ Proof of licensure to be sent directly from the issuing agency.

**NAC 634A.230 Payment of fees and remittances; refund of application fee (NRS 634A.070, 634A.110)**

1. Fees and remittances must be paid to the board by money order, bank draft or check payable to "State Board of Oriental Medicine." Remittances in currency or coin are wholly at the risk of the remitter and the board assumes no responsibility for their loss. Postage stamps will not be remitted.

2. The board will not refund any part of the application fee to an applicant if the applicant:

(a) Does not complete his application by providing all the documentation required by the form for application within 6 months after the actual date of filing of the form by the applicant;

(b) Withdraws his application; or

(c) Dies before he is issued a license by the board.

[Bd. Of Oriental med., Rule 2.4, eff. 7-26-77]-(NAC A by R071-02, 11-25-02)



## APPLICATION FOR LICENSURE BY THE STATE OF NEVADA BOARD OF ORIENTAL MEDICINE

Read the following paragraph carefully before signing this application.

*The undersigned hereby applies for a license under NRS Chapter 634A with full knowledge that all statements made in this application may be subject to investigation, including a check of fingerprints, police records, and former employers. Any false or dishonest answers to any questions in this application may be grounds for refusal, subsequent revocation or suspension of a license.*

Write your name in your native language or characters and in English

Native: \_\_\_\_\_

English: \_\_\_\_\_

If you have a police or government Identification Card from your native country please write the identification number below along with your name:

I, \_\_\_\_\_, No: \_\_\_\_\_  
depose and say that I am an applicant for licensure to practice Oriental Medicine in the State of Nevada, as a Doctor of Oriental Medicine.

I hereby attest that I am the identical person to whom the diploma(s), degree(s) and/or license(s) identified herein were originally granted.

*The undersigned hereby declares under penalty of perjury, under the law of the State of Nevada, in accordance with NRS 199.120, that all statements contained herein are true and correct to the best of his/her knowledge and belief.*

Executed on \_\_\_\_\_ (Date)

Signature of Applicant: \_\_\_\_\_

## Information of Undergraduate School of College or University attended

1.

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

2.

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

3.

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

4.

Name of School	
Address of Location	
Term (From – To)	
Length (Years & Months)	
Major	
Degree Obtained	
Year of Graduation	

## Information of School or College of Oriental Medicine attended

1.

Name of School		
Address of Location		
Term (From – To)		
Length (Years & Months)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	( ) Didactic Hours    ( ) Clinical Hours <div style="text-align: right;">( ) Total Hours</div>	

2.

Name of School		
Address of Location		
Term (From – To)		
Length (Years & Months)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	( ) Didactic Hours    ( ) Clinical Hours <div style="text-align: right;">( ) Total Hours</div>	

3.

Name of School		
Address of Location		
Term (From – To)		
Length (Years & Months)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	( ) Didactic Hours    ( ) Clinical Hours <div style="text-align: right;">( ) Total Hours</div>	

4.

Name of School		
Address of Location		
Term (From – To)		
Degree Obtained		Year of Graduation
Total Credits & Hours accomplished	( ) Didactic Hours    ( ) Clinical Hours <div style="text-align: right;">( ) Total Hours</div>	

## Licensure Screening Questions

Have you ever been convicted of a felony? YES\_\_\_\_\_ NO\_\_\_\_\_

Have you ever been convicted of a crime of moral turpitude? YES\_\_\_\_\_ NO\_\_\_\_\_

Have you ever been addicted to the use of narcotics? YES\_\_\_\_\_ NO\_\_\_\_\_

Have you ever been addicted to alcohol? YES\_\_\_\_\_ NO\_\_\_\_\_

Have you ever been expelled from a professional society? YES\_\_\_\_\_ NO\_\_\_\_\_

Have you ever had a license issued by a governmental agency which had some type of disciplinary action taken against that license (i.e. suspension, revocation, probation, restriction, etc.)? YES\_\_\_\_\_ NO\_\_\_\_\_

Have you a physical condition, which may impact your ability to practice Oriental Medicine? YES\_\_\_\_\_ NO\_\_\_\_\_

Have you a mental condition, which may impact upon your ability to practice Oriental Medicine? YES\_\_\_\_\_ NO\_\_\_\_\_

If you answered "YES" to any of the above, give details on a separate sheet of paper.

## Professional Information

List all Societies of which you are, or have been, a member. You must be specific and complete.

<u>Name</u>	<u>Address</u>	<u>Dates</u> <u>(From – To)</u>	<u>Other Information</u>

Do you hold, or have you ever held, a license issued by a governmental agency to practice Oriental Medicine in any country? YES\_\_\_\_\_ NO\_\_\_\_\_

If "YES":

When was it issued? \_\_\_\_\_ Expiration \_\_\_\_\_

Where was it issued? \_\_\_\_\_

What is the License Number? \_\_\_\_\_

Issuing Agency? \_\_\_\_\_



## Information of a National Exam which was passed by the Applicant

1.

Name of National Exam	
Address	
Date of the Exam	
Module(s)	
Name of Administrative Body	

2.

Name of National Exam	
Address	
Date of the Exam	
Module(s)	
Name of Administrative Body	

3.

Name of National Exam	
Address	
Date of the Exam	
Module(s)	
Name of Administrative Body	

4.

Name of National Exam	
Module(s)	
Date of the Exam	
Subjects	
Name of Administrative Body	

5.

Name of National Exam	
Module(s)	
Date of the Exam	
Subjects	
Name of Administrative Body	

## Personal Information

Present Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

How long have you been at this address? \_\_\_\_\_

Present Mailing Address (if different from): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last Previous Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long were you at this address? \_\_\_\_\_

If the above address covers less than ten (10) years, list on a separate sheet of paper other full addresses for the last ten (10) years. Please specify length of time at each residence.

Your Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Your Place of Birth by City, State, or Country: \_\_\_\_\_

Color of Eyes: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Height: \_\_\_\_\_

Weight: \_\_\_\_\_ List any identifying characteristics, scars, tattoos: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you been, or are you in, Military Service: YES\_\_\_\_\_ NO\_\_\_\_\_

Country Served: \_\_\_\_\_

Branch of Service: \_\_\_\_\_ Final Rank: \_\_\_\_\_

Specialty: \_\_\_\_\_ Military Serial No: \_\_\_\_\_

Dates of Military Service: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Are you a native born United States Citizen? YES\_\_\_\_\_ NO\_\_\_\_\_

If "NO" are you a naturalized US Citizen? YES\_\_\_\_\_ NO\_\_\_\_\_

Naturalization Certificate Number: \_\_\_\_\_

If you are a Resident Alien, give Registration Number: \_\_\_\_\_

If a visitor to the United States, give class of Admission as stamped on your "Arrival/Departure Record": \_\_\_\_\_

Have you ever held a business license? YES\_\_\_\_\_ NO\_\_\_\_\_

If "YES", Where and What was the nature of the business? \_\_\_\_\_

What is/was the business license number(s): \_\_\_\_\_

## Information of Practice Term

1.

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

2.

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

3.

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

4.

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

5.

Name of Clinic or Hospital	
Address	
Date Began	From:
Date Finished	To:
Years/Months Attended	

## Consent to Investigation and Release of Information

I, \_\_\_\_\_, do hereby give my consent to an investigation by the Nevada State Board of Oriental Medicine, or to any person acting in its behalf, into all relevant facts in my personal and professional training, background and experience in connection with this application for a license to practice in the State of Nevada as a Doctor of Oriental Medicine.

I do further consent to having a set of my fingerprints (a copy of which is attached to this application) submitted by the Board to any law enforcement agency in connection with this application. I do further agree to pay any and all costs or expenses incurred in the making of the required investigation and do herewith submit as part of this Application, an application fee of One Thousand Dollars (\$1,00.00) to be used in whole or in part for said investigation. In the event that investigative costs exceed this amount, I agree to pay in full, all such amounts due.

### *Statement of Permission*

I agree to allow the State of Nevada Board of Oriental Medicine to communicate with any person in connection with this application. I will hold the Board, its members, officers and agents free from any liability or complaint by reason of any action they, or any of them, may take in connection with the Board's investigation of my professional training, and experience or personal background.

Sworn and subscribed to before a Notary Public or Clerk of a Court, or other Proper Officer. Before me personally appeared \_\_\_\_\_ whose signature and recent photograph, appear on attached to this page and taken an oath and states that all of the foregoing statements are true and correct.

Sworn and subscribed to this \_\_\_\_\_ day of \_\_\_\_\_.

(Seal)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

The above deposition(s) must in all cases be duly acknowledged before a Notary Public or other proper notice.

## Declaration as to Previous Registration or Examination

I, \_\_\_\_\_, do hereby declare that I am the applicant who signed the foregoing application; that the photograph of myself hereunto attached was taken on or about the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My age at that time being \_\_\_\_\_ years. I further state that no certificate or license issued to me by any authority has ever been revoked or suspended. I further state that I have not, previous to this date, applied for examination, licensure or registration to any Board of Examiners, except as follows: \_\_\_\_\_

\_\_\_\_\_

Full Signature: \_\_\_\_\_

Sworn and subscribed to before a Notary Public or Clerk of a Court, or other Proper Officer. Before me personally appeared \_\_\_\_\_ whose signature, and recent photograph, appear on attached to this page and taken an oath and states that all of the foregoing statements are true and correct.

Sworn and subscribed to this \_\_\_\_\_ day of \_\_\_\_\_.

(Seal)

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

The above deposition(s) must in all cases be duly acknowledged before a Notary Public or other proper notice.

## Child Support Information

*Pursuant to Federal Legislation and Nevada's Welfare Reform Package, this form must be completed and returned to the office of the Nevada State Board of Oriental Medicine along with your application form.*

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

States: \_\_\_\_\_ Country: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Please circle the number of the statement which best describes your situation:

1. I currently have no obligation for child support payments
2. I am currently obligated by Court Order for payment of child support
3. No arrearage exists on the child support obligation provided for by Court Order
4. There currently exists an arrearage on the Court Order for child support

If you circled "2" you must choose a response from "3" or "4" that applies to your child support payment obligation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Affidavit of Moral and Professional Character

*This portion must be completed by a non-relative and submitted along with your application for licensure.*

I, \_\_\_\_\_, being duly sworn, deposes and states that I reside at \_\_\_\_\_, in the City of \_\_\_\_\_, in the County of \_\_\_\_\_, in the State of \_\_\_\_\_, in the Country of \_\_\_\_\_, and am personally acquainted with \_\_\_\_\_ (Identify applicant by name), and know him/her to be the identical person named in the accompanying application, and he/she is of good moral and professional character.

My relationship with the applicant is or has been as \_\_\_\_\_.

Signature: \_\_\_\_\_

Print your full name: \_\_\_\_\_

Print your Phone or Email address: \_\_\_\_\_

Subscribed and sworn to me before this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

Notary Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

The above deposition(s) must in all cases be duly acknowledged before a Notary Public or other proper notice.